PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/787902

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPE		NTITY	OR		R THAN . ENTITY
TOTAL CLAIMS						A TOTAL W	RA		FEE	7	RATE	FEE
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	 -	OR	21212	 	
TOTAL CHARGEABLE CLAIMS			13 minus 20=		•		Ve			- On		1100
INDEPENDENT CLAIMS			H minus 3 =		•		X\$	9=		OR	X\$18=	
		NDENT CLAIM I	<u> </u>				X4	0=		OR	X80=	80
							+13	5=		OR	+270=	·
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	1080
CLAIMS AS AMENDED - PART II								ı			OTHER	
<u> </u>		(Column 1)	The State Co.	(Colun		(Column 3)	SMA	LLE	NTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=	X\$ 9	=		OR	X\$18=	
	Independent	<u> </u>	Minus			=	X40	_		OR	X80=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			\dashv	·	OR		
BEST AVAILABLE COPY							+135	!_		OR	+270=	
				· · ·			TO ADDIT. F			OR A	TOTAL DDIT. FEE	
		(Column 1)	Make the water	(Colum		(Column 3)				_		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATI		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent		Minus	*** .		=	X40=	_		t	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR		
							+135			OR	+270=	
			,				TO1 ADDIT. F			OR A	TOTAL DDIT. FEE	
	red and the second	(Column 1) CLAIMS	242	(Columi		(Column 3)						
AMENDIME	ting the second	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT . EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=	_	'		X\$18=	
	Independent		Minus	***		=		╌		OR		<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40=	\bot		OR	X80=	
· If	the entry in colum	nn 1 is loss than th		0			+135=			OR	+270=	
***	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DDIT. FEE	
• • • • • • • • • • • • • • • • • • • •	me manestiant	nder Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is b	occ thar	3 onter "3"			priate box			